## Dear Stakeholders:

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The Division is proposing amendments to accommodate waiver services for children with life limiting illness. The changes are highlighted in yellow below. Any questions or written comments regarding this amendment should be provided by June 4, 2014 and directed to Laurie Schoder at laurie.schoder@state.co.us.

1	DEPAR	DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT					
2	Health	Health Facilities and Emergency Medical Services Division					
3	STANE	STANDARDS FOR HOSPITALS AND HEALTH FACILITIES					
4	CHAP	CHAPTER XXI - HOSPICES					
5	6 CCR 1011-1 Chap 21						
6		* * * *					
7	SECTION 2 DEFINITIONS						
8		* * * *					
9 .0 .1	2.8	"Interdisciplinary Group (IDG)" means a group of qualified individuals, consisting of at least a physician, registered nurse, social worker, chaplain or other counselor who collectively have expertise in meeting the special needs of the hospice patient/family.					
2 3 4	<u>2.9</u>	"LIFE-LIMITING ILLNESS" MEANS A MEDICAL CONDITION THAT, IN THE OPINION OF THE MEDICAL SPECIALIST INVOLVED, HAS A PROGNOSIS OF DEATH THAT IS HIGHLY PROBABLE BEFORE A CHILD REACHES ADULTHOOD AT AGE 19.					
5 6 7 8 9 20	2. <del>9</del> 10	"Palliative Care" means specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of serious illness, whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of physicians, nurses and other specialists who work with a patient's other health care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment. Hospice providers may perform palliative care services that are separate and distinct from hospice care services.					
22 23 24	2.1 <del>0</del> 1	"Patient/Family" means the patient and those individuals who are closely linked with the patient including the immediate family, the primary caregiver and/or other individuals with significant personal ties.					
25 26 27	<u>2.12</u>	"RESPITE CARE" MEANS SERVICES PROVIDED TO A PATIENT WHO IS UNABLE TO CARE FOR HIMSELF OR HERSELF ON A SHORT TERM BASIS BECAUSE OF THE ABSENCE OR NEED FOR RELIEF OF THOSE PERSONS NORMALLY PROVIDING CARE.					
28 29 80	2.14 <u>3</u>	"Terminally III" means that the individual has a medical prognosis that includes a limited life expectancy of days, weeks or months if the illness runs its anticipated course. Palliative care patients may fall outside of a payer's coverage guidelines for the hospice benefit.					

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1	SECTION 6 PATIENT CARE SERVICES					
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3	6.2 Admission Criteria:					
4 5 6		(A)	Upon admission to the hospice there shall be an evaluation of the patient's immediate needs related to their terminal condition. An initial plan of care shall be developed based upon the results of the immediate needs evaluation.			
7 8 9		(B)	An initial assessment of the patient's physical, psychosocial, spiritual and emotional status related to the patient's terminal illness and related conditions shall be completed by a registered nurse within forty-eight (48) hours.			
10 11 12			(1) FOR PATIENTS RECEIVING PALLIATIVE CARE SERVICES UNDER THE CHILDREN WITH LIFE LIMITING ILLNESS WAIVER PROGRAM, THE INITIAL ASSESSMENT SHALL BE COMPLETED BY A REGISTERED NURSE WITHIN FOURTEEN (14) CALENDAR DAYS OF ADMISSION.			
13 14 15 16 17	6.3	COMPR COMPR	five (5) calendar days following admission, depending upon the patient's immediate needs, a chensive assessment shall be completed by the interdisciplinary group. FOR PATIENTS RECEIVING TIVE CARE SERVICES UNDER THE CHILDREN WITH LIFE LIMITING ILLNESS WAIVER PROGRAM, A EHENSIVE ASSESSMENT SHALL BE COMPLETED BY AN APPROPRIATE INTERDISCIPLINARY TEAM MEMBER 30 CALENDAR DAYS.			
18 19 20 21 22		spiritua promo	Imprehensive assessment shall identify the patient's physical, psychosocial, emotional and all needs related to the terminal illness and related conditions that shall be addressed in order to te the patient's well-being, comfort and dignity throughout the dying process. This includes a gh evaluation of the caregiver's and family's willingness and capability to care for the patient.			
23 24 25 26		no less WAIVER	omprehensive assessment shall be updated as frequently as the patient's condition requires but is than every fifteen (15) 30 CALENDAR days. FOR PATIENTS RECEIVING INTERMITTENT RESPITE AND RESPICES THAT ARE NOT PROVIDED WITHIN A CONTINUOUS 30 DAY PERIOD, THE COMPREHENSIVE SMENT SHALL BE UPDATED BEFORE REINITIATING SERVICES.			
27 28 29 30	6.4	An individualized written plan of care shall be developed to reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive and updated comprehensive assessments. The plan of care shall include all services necessary for the palliation and management the terminal illness and include but not be limited to:				
31		(A)	Interventions to manage pain and symptoms;			
32 33		(B)	A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs;			
34		(C)	Measurable outcomes anticipated from implementing and coordinating the plan of care;			
35		(D)	Drugs and interventions necessary to meet the needs of the patient;			
36		(E)	Medical supplies and appliances necessary to meet the needs of the patient;			

Patient/family understanding and agreement with the plan of care, and

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(F)

(G)

Coordination of care;

2		(H) When applicable, plans to meet the special needs of patients who are infants, children and adolescents.			
3 4	6.5	A designated registered nurse THE APPROPRIATE INTERDISCIPLINARY GROUP MEMBER shall coordinate overall plan of care for each patient.			
5 6 7 8 9 10	6.6	EXCEPT AS SET FORTH IN PARAGRAPH (A) BELOW, The interdisciplinary group (in collaboration with the individual's attending physician or nurse practitioner) shall review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than ever calculated and calculated plan of care shall include information from the patient's updated comprehensive assessment and shall note the patient's progress toward outcomes and goals specin the plan of care.			
11 12 13		(A) FOR PATIENTS RECEIVING INTERMITTENT RESPITE AND WAIVER SERVICES THAT ARE NOT PROVIDED WITHIN A CONTINUOUS 30 DAY PERIOD, THE TIME FRAME FOR REVIEW BY AN APPROPRIATE INTERDISCIPLINARY GROUP MEMBER BEGINS UPON THE RE-INITIATION OF CARE			
14 15		* * * *			